

RETIRED TEMPORARY EMPLOYEES CERTIFICATION

DATE (dd/mm/yyyy):

AS A RETIRED EMPLOYEE (e.g., STATE, FEDERAL, CITY, COUNTY, PRIVATE, etc.)
I ACCEPT THE FOLLOWING TYPE OF APPOINTMENT:

TEMPORARY

TEMPORARY- PART-TIME

TEMPORARY - INTERMITTENT

WITH THE **DEPARTMENT OF HEALTH AND HUMAN SERVICES,**

UNIT:

SECTION:

DIVISION:

AND CERTIFY THAT I AM NOT SEEKING AND WILL NOT SEEK PERMANENT
EMPLOYMENT WITH THIS STATE AGENCY OR ANY OTHER STATE AGENCY.

Please provide retirement data (dd/mm/yyyy):

SIGNATURE:

"Retired is defined as drawing a retirement income
and/or social security benefits." Section 3 OSP Manual

Retirement is defined as: Termination of employment and the
complete separation from active service with no intent or
agreement, express or implied to return to service.

THIS PROVISION IS CONSISTENT WITH EMPLOYMENT AND RECORDS
SECTION 3, PAGE 3, 4, AND 5, OSP PERSONNEL MANUAL.